

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51	/	
2		/					52	/	
3		/					53	/	
4		/					54	/	
5	/						55	/	
6		/					56	/	
7		/					57	/	
8		/					58	/	
9	/						59	/	
10		/					60	/	
11		9					61	/	
12		/					62	/	
13		/					63	/	
14	/						64	/	
15		/					65	/	
16		/					66	/	
17		/					67	/	
18		/					68	/	
19	/						69		
20		/					70		
21		/					71		
22	/						72		
23		/					73		
24		/					74		
25	/						75		
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27		/					77		
28		/					78		
29	/						79		
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31		/					81		
32		/					82		
33	/						83		
34		/					84		
35		/					85		
36		/					86		
37		/					87		
38	/						88		
39		/					89		
40		/					90		
41		/					91		
42		/					92		
43	/						93		
44		/					94		
45		/					95		
46		/					96		
47		/					97		
48		/					98		
49	/						99		
50		/					100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		